

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/531829 FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/	1	/			
3		2	/			
4		3	/			
5		4	/			
6		5	/			
7	/		/			
8	/		/			
9		1	/			
10	/		/			
11		1	/			
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50				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

  

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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52				/		
53				/		
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						